

SPIRITUAL AND PASTORAL CARE PROCEDURES

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook delineates policies and procedures for providing Spiritual and Pastoral Care and the utilization of chaplains at VHA health care facilities.
- 2. SUMMARY OF MAJOR CHANGES.** This Handbook is a total revision of VHA's Manual, M-2, Part II, dated March 12, 1990.
- 3. RELATED DOCUMENTS.** VHA Directive 1111.
- 4. RESPONSIBLE OFFICE.** The Office of the Director, Chaplain Service (111C) is responsible for the contents of this Handbook. Questions may be addressed to (757) 728-3180.
- 5. RESCISSIONS.** Veterans Health Services and Research Administration Manual M-2, Part II, Clinical Affairs, Chaplain Service, dated March 12, 1990, is rescinded. Questions may be addressed to 757-728-7062.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of March 2010.

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SPIRITUAL AND PASTORAL CARE PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides the procedures for ensuring the spiritual welfare of all persons receiving Department of Veterans Affairs (VA) care. Chaplains work with the Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA) to ensure that veterans who need medical care (including counseling for their religious and spiritual needs) are referred to VHA. This includes: providing opportunities for worship and religious expression by hospitalized veterans, providing ministry and pastoral counseling to patients (and their families if authorized), and ensuring that the spiritual aspect of health and wellness is recognized by all care givers and addressed in all patient care settings.

***NOTE:** Nothing in this Handbook is intended or should be construed as suggesting or directing any policy, practice, or action that is contrary to the doctrine or practice of any faith group. Nevertheless, VHA's mission to care for veterans is paramount, and VHA may restrict or prohibit any practice that it deems detrimental to the health or safety of patients.*

2. BACKGROUND

a. The official title for VA clergy is "Chaplain." In official capacities the clergy person is addressed as "Chaplain," and must use this designation in signing official communications. VA chaplains are full-time, part-time, or intermittent Federal employees.

b. Chaplains provide spiritual and pastoral care to veterans and their families in accordance with VHA policy.

c. The mission of the National Chaplain Center is to empower VA chaplains to achieve standards of excellence in meeting the spiritual health needs of veterans receiving primary health care in VHA.

3. DEFINITIONS

a. **Pastoral.** The term "Pastoral" is an adjective derived from the Biblical image of shepherd and is used to describe a relationship characterized by expressions of compassionate care, including spiritual counseling, guidance, consolation, empathetic listening, and encouragement. Describing care as pastoral may refer to the motivation and/or attitude of the caregiver. In the VA, pastoral care refers to care provided by a chaplain, professionally educated and endorsed by a particular faith tradition to provide such care.

b. **Spiritual.** "Spiritual" has to do with that which is related to the "Spirit of Life." Spirituality may be used in a general sense to refer to that which gives meaning and purpose in life, or the term may be used more specifically to refer to the practice of a philosophy, religion, or way of living. The word "Spiritual" is derived from the old Latin word "spiritus." The English words "inspire," meaning to breathe in and "expire" meaning to breathe out, come from the same Latin root. The concept of breathing captures the meaning of the word "spiritual" in relation to that which is or is not "life giving." Therefore, spirituality may positively or negatively affect one's overall health and quality of life.

c. **Religious Expression.** Religious expression refers to all types of worship, sacrament, ceremonies, prayer, meditation, traditional observances, etc., by which individuals carry out their religious beliefs and/or through which they maintain or enhance their relationship with the focus of their religion. This also includes wearing religiously significant clothing or jewelry, dietary customs, carrying or displaying religious artifacts, symbols, pictures, or scripture.

d. **Proselytize.** To Proselytize is to attempt to influence or change an individual's religious beliefs or expression.

e. **Clinical Chaplain.** A clinical chaplain is an individual who meets all VA qualification requirements for Chaplain, whose spiritual and pastoral care and counseling is characterized by in-depth assessment, evaluation, and treatment of patients; a high degree of integration into the total care and treatment program of a health care facility; and close working relationships with staff members of other professional health care disciplines.

f. **Ecclesiastical Endorsement.** An ecclesiastical endorsement is a written official statement, by the official national endorsing agent of the religious faith group, certifying that an individual is in good standing with his/her religious faith group, and stating that the individual is, in the opinion of the endorsing agent, qualified to perform the full range of ministry required in the VA pluralistic setting [reference VA Handbook 5005, Part II, appendix F1].

g. **Official National Endorsing Agent.** The individual designated by a registered ecclesiastical endorsing organization to issue official ecclesiastical endorsements to VA of individuals within the particular religious faith group.

h. **Registered Ecclesiastical Endorsing Organization.** A registered ecclesiastical endorsing organization is a religious faith group which has been registered with VA in accordance with VHA policy (see VHA Handbook 1111.1).

4. MISSION

VA chaplains have a three-fold responsibility to the patients at every VA facility: first, to ensure that patients (both inpatients and outpatients) receive appropriate clinical pastoral care, second, to ensure that hospital, domiciliary, and nursing home patients' constitutional right to free exercise of religion is protected; and third, to protect patients from having religion imposed upon them. The spiritual dimension of health must be integrated into all aspects of patient care, research, emergency preparedness, and health care education. Chaplains minister to the patients' family and loved ones, as appropriate (see subpar. 12i).

5. INTEGRATING SPIRITUAL AND PASTORAL CARE IN VA HEALTH CARE

VHA recognizes that Spiritual and Pastoral Care must be integrated into the total program of health care provided to veterans. The Network Directors and facility Directors are responsible for making available spiritual and pastoral care and counseling to patients. VA Chaplains are the professional health care providers on the interdisciplinary teams that are qualified, employed, and endorsed by their faith group endorsers to provide spiritual and pastoral care. VA Chaplains

implement the Program of Spiritual and Pastoral Care on behalf of the Network and facility Directors throughout VHA.

6. CHAPLAIN'S OBJECTIVE

The Chaplain's objective is to plan, develop, and direct a program of spiritual and pastoral care and counseling consistent with the overall mission of health care delivery in VHA. The chaplain must conduct periodic (quarterly or annual) spiritual and pastoral care needs assessments to evaluate the spiritual and pastoral care needs of the ever-changing veteran patient population. Once these needs are identified, the chaplain develops a program of spiritual and pastoral care. This process of program development must include a plan for assessing patient needs, providing care, and evaluating the effectiveness of the care provided. This process of continuous quality improvement of the Spiritual and Pastoral Care Program ensures that holistic health care is a reality for all eligible veterans.

7. RELATIONSHIPS WITH THE NATIONAL CEMETERY ADMINISTRATION (NCA) AND THE VETERANS BENEFITS ADMINISTRATION (VBA)

a. **Responsibilities of Facility Managers.** VA considers all needs of veterans, family members, and others who seek information, benefits, or services, regardless of the specialized benefits and/or services they may be seeking at a given time. Therefore, chaplains and others responsible for the Spiritual and Pastoral Care Program at each VA health care facility must maintain close, continuing relationships with NCA and VBA officials who are responsible for serving veterans in the catchment area to ensure that these VA officials are aware of the services provided by chaplains. Health care facility managers are to establish methods to inform veterans and families who are served at NCA and VBA locations that VA medical care includes chaplains to address patients' spiritual and pastoral needs.

b. **Funeral and Committal Services.** VA chaplains may perform funeral and/or committal services for VA beneficiaries who died while receiving VA care. When interment is made in a National Cemetery, unless arrangement has been made by the next-of-kin for another clergy person, the chaplain may conduct a committal service. Chaplains must notify their Directors when performing committal services at National Cemeteries for veterans who were not receiving VA care when they died. In these cases Directors should arrange for reimbursement to the medical care appropriation from the National Cemetery System appropriation. The chaplain may officiate at non-VA funerals or committal services during duty hours only when specifically authorized to do so by the facility Director. VA chaplains will not displace community clergy at funeral or committal services, but are to coordinate arrangements for the use of facility chapel(s).

c. **VBA Beneficiaries.** Spiritual and Pastoral care provided as part of VHA medical care may be of value to many veterans who seek benefits from VBA. Early provision of Spiritual and Pastoral care may improve veterans' spiritual health with significant long-term cost savings to VA. VBA needs to refer these veterans to VHA for needed care.

8. SCOPE OF PRACTICE

Each VA Chaplain must work under a written Scope of Practice, which will describe pastoral, clinical, and administrative functions the individual can provide by virtue of his/her professional qualifications. The minimum Scope of Practice reflects the professional education, training, and experience required for employment as a VA chaplain. The chaplain is responsible for continuing to meet the requirements as established by certification, and other relevant professional and ethical requirements as specifically applied to chaplains within the VA health care system.

9. STAFFING

VA health care facilities must provide adequate staffing to identify and meet the spiritual and pastoral care needs of veterans. Each medical center Director must ensure that Clinical Chaplains are utilized to plan and to oversee the Spiritual and Pastoral Care Program. The Spiritual and Pastoral Care Program includes interconnected responsibilities for planning and overseeing spiritual and pastoral care, typically in a variety of service lines or clinical specialties; integrating the program with other disciplines; training and orienting interdisciplinary staff; and liaison with community organizations. Each VA medical center needs to employ at least one full-time Clinical Chaplain to ensure that these responsibilities are assigned and implemented.

NOTE: *Chaplain staffing guidelines will be issued in a forthcoming Spiritual and Pastoral Care Program Guide.*

10. DIVERSITY

The representation of faith groups in the population of veterans served must be evaluated to determine the appropriate proportion of faith groups in chaplaincy. Although it is impossible for a facility to employ a chaplain of every faith group represented in its patient population, every facility must strive to achieve a workforce representative of the diversity of veterans served.

11. REPORTS

The Chief Patient Care Services Officer may require annual reports from field facilities regarding the spiritual and pastoral care program activities.

12. THE CHAPLAIN'S RESPONSIBILITY TO PATIENTS AND THEIR FAMILIES

a. Full-time chaplains are not to accept responsibilities outside of the medical center that may conflict with their commitment to provide spiritual and pastoral care duties within the medical center. Participation in religious and social activities in the local community on the chaplain's own time is encouraged as long as it does not compromise VA Chaplain duties.

b. Chaplains must not be assigned duties that conflict with their role of pastoral caregiver or assigned tasks that may require them to render judgment on the guilt, innocence, or character of an employee or patient. Such duties include, but are not limited to, narcotics inspections, Equal Employment Opportunity (EEO) investigations, and investigations of employee conduct. Chaplains may conduct inquiries of chaplain-related activities or incidents, may serve as

mediators, may serve on EEO and other local and national committees, and may serve as liaisons with VA stakeholders.

c. If chaplains are assigned to service or product lines, coordination and continuity of the Spiritual and Pastoral Care Program must be ensured. Chaplains' work must be appropriately supervised and coordinated. If the organization does not have a supervisory chaplain, there must be careful, explicit delegation of authority and responsibilities for duties, such as: scheduling use of the chapel or worship space; contacting community clergy when necessary to meet a specific patient need; scheduling on-call coverage; coordinating professional Chaplaincy input into facility decisions and policy-making; providing expertise on committees such as health care ethics committees; and orienting and training staff, students, and volunteers in the Spiritual and Pastoral Care Program.

d. The chaplain must be sensitive to the variety of religious and cultural backgrounds of the patients and their families to whom ministry is provided.

e. Chaplains uphold the right to free exercise of religion by all hospital, domiciliary, and nursing home patients in the health care facility. This includes providing or facilitating appropriate worship opportunities.

f. Chaplains are responsible for ensuring that religion is not imposed on any patient.

g. Patients' needs for spiritual and pastoral care must be assessed as part of the total evaluation of their health care needs. A spiritual and pastoral care screening must be provided to patients as part of the interdisciplinary admissions process. The chaplain then determines the need for additional spiritual assessment and for any appropriate pastoral care interventions, as needed.

h. Seriously ill and pre- and post-operative patients must be visited according to the patient's individualized treatment plan.

i. Chaplains must always be available to meet with relatives and visitors of patients during regular and emergency visits.

j. Chaplains may counsel members of a veteran's immediate family, a veteran's legal guardian, or the individual in whose household the veteran lives or certifies an intention to live, if:

(1) The counseling is essential to the treatment and rehabilitation of a hospitalized veteran or the outpatient treatment of a veteran's service connected disability;

(2) The counseling was initiated during a veteran's hospitalization and its continuation on an outpatient basis is essential to permit the veteran's discharge from the hospital; or

(3) The counseling was being provided at the time of a veteran's unexpected death or a veteran's death while the veteran was participating in VA hospice or similar program and its continuation is provided for a limited period as determined to be reasonable and necessary to

assist the individual with the emotional and psychological stress accompanying the veteran's death.

13. DETERMINING HUMAN RESOURCES NEEDS

The total human resources needed to provide high-quality Spiritual and Pastoral care must be determined based on the following considerations:

- a. Scope of practice statements need to clearly define the depth and complexity of chaplains' involvement with patient care in each clinical setting.
- b. Spiritual and Pastoral Care must be available for all patients, including those in nursing homes, domiciliaries, outpatient clinics, vet centers, transitional residences, and hospital-based home care.
- c. The variety of specialized clinical programs may require staff with specialized competencies; for example, the ability to meet the specialized spiritual care needs of patients with post traumatic stress syndrome, or the ability to minister effectively to women who have experienced sexual trauma.
- d. Chaplain coverage must be 24 hours-per-day, 7 days-per-week to ensure a chaplain is always available to respond to emergencies.
- e. Chaplains' expertise needs to be utilized to support medical center-wide programs and committees such as health care ethics, employee assistance, and mediation and/or alternative dispute resolution.
- f. Chaplains are expected to participate in new employee orientation and, as appropriate, in inter-professional education and training.
- g. The amount of travel time between sites of care, the patient turnover rate, and the proximity and activity of a national cemetery need to be considered.
- h. Educational programs require qualified educational personnel in addition to patient care staff. (see par. 17). A facility with an accredited Clinical Pastoral Education (CPE) Program must have, in addition to a certified CPE Supervisor, a chaplain responsible for the ongoing Spiritual and Pastoral Care Program.
- i. Students may supplement, but may not perform independently of, or be substituted for, qualified employed chaplains.

14. VISITING CLERGY

The overall responsibility for spiritual and pastoral care rests with the assigned chaplain. However, as a matter of respect and courtesy, arrangements need to be made to allow community clergy to visit members of their church (or parish, congregation, synagogue, temple, mosque, etc.).

a. When no chaplain staff member represents the specific faith group of a patient, every effort must be made to canvass the community, or draw from organized resources to provide the appropriate clergy to meet specific requests or needs.

b. “Authorized Faith Representatives” (e.g., Eucharistic Ministers) are authorized by registered religious faith groups to provide sacramental or other faith group specific religious ministry to their members. This ministry is an augmentation to the pastoral care provided by the Chaplain Service staff. Authorized Faith Representatives are not to provide services until it has been verified that their authorization is on file at the National Chaplain Center.

c. Under no circumstances may community clergy or Authorized Faith Representatives be used in lieu of an employed chaplain. All Visiting Clergy are guided by the policies of the facility and by the provisions of this Handbook.

d. A procedure must be established at each facility to identify and orient visiting clergy. This enables the chaplain staff to provide assistance with directions, personal safety, distribution of literature, and other pertinent concerns.

e. Patient information must be kept confidential in accordance with the Health Insurance Portability and Accountability Act and other applicable statutes and policies. Chaplains must obtain and document the patient’s permission before contacting community clergy on the patient’s behalf.

15. VOLUNTEERS

VHA does not authorize “volunteer chaplains” or any volunteer to provide spiritual and pastoral care and counseling activities. Volunteers assist and augment the chaplain staff, but they do not replace them.

a. Volunteers who work on behalf of Chaplain Service are to be registered and oriented by the facility’s Voluntary Services department. Each volunteer must be screened and trained by the Chaplain Staff to ensure that patients are protected from proselytization.

b. Volunteers must perform their assigned duties in accordance with VHA Handbook 1620.1.

16. CONTRACT AND FEE BASIS PERSONNEL

a. Chaplains and other personnel may work on a fee-basis appointment or under contract to supplement the full-time and part-time employed personnel when it is not feasible to obtain the needed services by employment of permanent full-time and part-time staff. Examples of appropriate (but not required) utilization include providing for on-call coverage, covering specific religious needs of patients when a staff chaplain is not available, and providing support services such as playing music at worship services.

b. Fee-basis and contract personnel are appropriate when the work to be performed can be clearly defined as a service that is not compensated on the basis of time and is otherwise not

appropriate for full-time or part-time employees; for example: leading a religious ceremony or providing sacraments for patients of a specific faith group. When regular on-going participation in patient care is required, fee-basis or contract personnel should not be used.

c. A VA-employed chaplain must supervise the work of all fee-basis chaplains, and must monitor the work of all contract chaplains to ensure that professional standards of care are maintained.

d. Each contract and fee-basis chaplain must be certified as meeting minimum qualification requirements by the Board of Excepted Service Examiners prior to appointment or issuance of contract. Extensions of previously approved appointments and contracts may be approved by the medical center Director, or designee.

17. USE OF STUDENTS OR TRAINEES

a. Trainees (e.g., students or CPE residents) may be assigned to Chaplain Service to further their clinical education and to gain experience in a health care setting. Trainees are supervised by an assigned chaplain who is qualified to assist with their specialized educational needs such as health care ethics or other clinical areas related to chaplaincy.

b. Trainees in CPE programs may provide supervised pastoral care including providing call-back coverage. Trainees may supplement the employed staff, but they may not perform independently of, and may not be substituted for, fully-qualified employed chaplains. Trainees must be supervised in accordance with the standards of the Joint Commission on Accreditation of Health Care Organizations (JCAHO), and the Association for Clinical Pastoral Education, Inc. (ACPE).

c. Trainees may be appointed as either paid or without compensation (WOC). **NOTE:** *Paid trainees will be based upon the availability of training funds.*

18. CHAPLAIN SERVICE AND ETHICS

a. Chaplains must comply with all standards of ethical conduct for employees of the executive branch (see Title 5 Code of Federal Regulations (CFR) Part 2635). Additional information about the Federal employee standards of conduct may be obtained from the Regional Counsel or the Ethics Staff in the Office of General Counsel, VA Central Office. For example, Federal employees generally may not:

(1) Become personally involved in the business affairs of a patient or ex-patient,

(2) Have custody of the funds of any patient or ex-patient, or

(3) Become the guardian of any patient or ex-patient or be the conservator of the estate of any patient or ex-patient unless the employee and the patient or ex-patient had a personal relationship that pre-dated their VA contact.

b. Chaplain Service is qualified to offer leadership and guidance to patients and VHA staff regarding health care decisions having ethical implications; therefore, each chaplain needs to stay abreast of health care ethics issues and be familiar with:

(1) Both religious and secular resources, such as those from the facility's local ethics advisory committee and VHA's National Center for Ethics in Health Care.

(2) VHA health care ethics policies, e.g., informed consent, advance directives, end of life care, etc.

(3) The laws, religious beliefs, and practices relative to the types of ethical questions that arise in clinical settings.

c. Each chaplain must be prepared to discuss and give guidance to any staff member, patient, or patient's family requesting information regarding the relationship of ethical issues to their respective religious community's ethical and religious standards.

d. Chaplain Service aids and supports the professional staff in making ethical decisions; when requested, helps formulate and implement standards and criteria; and educates staff in making such decisions in a systematic and consistent manner.

e. The Endorser's Conference for Veterans Affairs Chaplaincy has written the "Covenant and Code of Ethics for Veterans Affairs Chaplains." The "Covenant and Code of Ethics for Veterans Affairs Chaplains" addresses specific ethical issues pertinent to pastoral care in VA, and promotes pluralistic pastoral care in VA facilities.

19. COUNSELING AND ASSISTANCE FOR STAFF

Facilities' employee health programs need to recognize staff's spiritual needs as well as their physical and mental needs. As part of facility health programs, chaplains may provide occasional counseling and assistance to staff in order to assist staff in the performance of their care of patients. Staff members requiring in-depth or long-term counseling are to be referred to community resources. **NOTE:** *The employee health programs referenced in this paragraph are those established under Title 5 United States Code (U.S.C.) 7901.* Chaplains must not be assigned duties that conflict with their role of pastoral caregiver (see subpar. 12b).

20. COMPETITIVE LEVELS

Chaplains of different major faith groups (e.g., Protestant, Roman Catholic, Jewish, Islamic, etc.) are not interchangeable because they cannot meet all the religious needs of patients of the other groups. Therefore, chaplains of different major faith groups must not be in the same competitive level for reduction in force. Position descriptions must indicate the major faith group to which the incumbent provides complete ministry.

21. UTILIZATION OF RESOURCES IN SUPPORT OF THE SPIRITUAL AND PASTORAL CARE PROGRAM

a. **Chapels and Other Worship Facilities**

(1) The chapel, or a room set aside specifically for use as a chapel, is to be reserved exclusively for religious purposes. Such chapels are appointed and maintained as places for meditation and worship, and when not in use, they must be maintained as religiously neutral, reflecting no particular faith group subject to the following exception: any room where the Blessed Sacrament (Eucharist) is kept is reserved for Roman Catholics and may not be used by any other faith group.

(2) Existing chapel space is not to be altered without approval from the Director, Chaplain Service, VA National Chaplain Center.

(3) Where no chapel exists, but where a room or hall allocated for other purposes is used for religious services, every effort is to be made to have this room furnished to provide an atmosphere for worship. Management needs to provide assistance in the rearrangement of this room for services and returning it to its general function afterwards.

(4) The construction of a chapel for the exclusive use of a particular faith group is contrary to policy. The facility Director may designate a building or a room for the use of a particular faith group, as needed.

(5) The Chief, Chaplain Service, is responsible for arranging for the comfort of patients in the chapel.

(6) All worship spaces must be fully accessible to persons with disabilities.

(7) The use of candles, lights, draperies, etc., must be in accordance with local safety policies.

(8) **Official Chapel Flags.** The standard American flag, and Protestant, Roman Catholic, Jewish, and other appropriate religious chapel flags may be displayed in chapels.

(9) **Funerals.** Funerals at VA facilities are permitted only with the approval of the facility Director. VA chaplains may conduct interment services in a National Cemetery. **NOTE:** *United States casket flags are to be folded and presented according to normal procedure.*

b. **Offices.** Office space for chaplains that ensures privacy in counseling patients, families, and staff must be provided (see VA Handbook 7610, Ch. 208).

c. **Funds**

(1) **Appropriated Funds.** Each VA facility is responsible for providing appropriated funds for the support of the Spiritual and Pastoral Care Programs.

(2) **General Post Funds.** General Post Funds exist, both at the national and local levels, for support of patient care programs. An annual allocation may be distributed to each facility from the national General Post Fund for the benefit of VA patients. Chaplain Service, Voluntary Service, and Recreation Service are authorized to use these funds. Local gifts may also be

designated by the contributor for support of a particular spiritual and pastoral care function. General Post Funds may be used to purchase items such as:

(a) Expendable items; such as: religious literature for distribution to patients, copies of the Scriptures, missals, mass leaflets, prayer books, yarmulkes (skull caps), taleysim (prayer shawls), and other religious articles.

(b) Non-expendable items of equipment that are not normally part of the equipment purchased by other VA funds.

(c) Honoraria for clergy, or musicians who provide services on a non-recurring basis. Payment for such services must be made in accordance with VA contracting policies and procedures.

(3) **Donations to the General Post Fund.** VHA Directive 4721 sets forth the policies and procedures for accepting, handling, and using donations to the General Post Fund.

(a) VA chaplains are authorized to accept gifts and donations on behalf of VA:

1. For the benefit of the religious needs of the patients at their facility and

2. To support all Chaplain Service activities at their facility.

(b) Chaplains receiving gifts and donations of funds must turn such funds over to the agent cashier as soon as practical for deposit into the General Post Fund. Chaplains are to instruct the agent cashier for what purpose, if any, the donor intended the funds to be used. Donors may designate that funds be used for patients of a particular faith group. Unless a donor specifically designates the purpose of the gifts and donations, gifts and donations received by chaplains are to be earmarked for support of the activities of the facility's Chaplain Service.

(c) Although it is not acceptable to solicit an offering by passing an offering plate during a religious service, a receptacle may be placed at an appropriate place in the chapel to permit visitors to contribute, if they desire.

(d) The Chief, Chaplain Service (or the Lead or Coordinating Chaplain) at each facility may authorize the withdrawal and expenditure of funds in the facility's General Post Fund earmarked for the religious needs of the patients to support Spiritual and Pastoral Care Program activities. Appropriate records of expenditures made must be maintained.

(e) Individuals and/or groups may make donations to the General Post Fund for the religious needs of VA patients. Funds donated to the General Post Fund for specific use by a particular faith group are to be earmarked as such within the General Post Fund and made available for that faith group's use when requested.

(f) Equipment or articles which a VA chaplain procures with General Post Fund monies, except for such items distributed to patients for their personal use, are designated as VA property.

(g) Gifts and donations received for religious purposes are not to be used for the:

1. Employment of personnel.
2. Remuneration of clergy to cover chaplain responsibilities during regular off-duty hours of the employed chaplain.
3. Personal or private use of any chaplain.

(h) Chaplains are not to take custody of, or maintain, patients' funds.

(i) Chaplains are not to accept personal gifts or gratuities where such acceptance would violate standards of conduct for Federal employees of the Executive Branch.

d. **Supplies**

(1) VA is responsible for providing the equipment and supplies necessary to carry out the mission of the Chaplain Service, except for:

(a) Religious articles to be used in the Chaplain Service which must be blessed, sanctified, or consecrated according to the regulations of the chaplain's religious faith group, cannot be purchased from appropriated funds.

(b) Vestments and ritual garments used by a chaplain, if purchased by the chaplain from personal funds, are the chaplain's property.

(2) If vestments and ritual garments used by a chaplain have been donated for the use of the Chaplain Service and are not to be blessed, sanctified, or consecrated according to the practice of a particular faith group, they are property of VA.

(3) Choir robes may be purchased from appropriated funds and remain the property of VA.

(4) If vestments, ritual garments, and articles used in the religious services are blessed, sanctified, or consecrated according to the practices of the religious faith group of which the chaplain is a member, they do not become the personal property of the chaplain or the property of VA. These are the property of the ecclesiastical endorsing organization of the chaplain concerned, and are placed at the field facility by that organization on a continual loan basis.

(a) The chaplain of the faith group concerned is to be the responsible custodian of these articles and cares for them according to the practices of the religious faith group.

(b) All articles used in the Chaplain Service which are on loan from an ecclesiastical endorsing organization are to be listed on a memorandum and forwarded to the Acquisition and Materiel Management Officer.

(c) When the chaplain who is the responsible custodian of such items is transferred or separated from service, the Acquisition and Materiel Management Officer is to inventory these

articles and provide for their proper security until a new chaplain is assigned responsible custody.

e. **Information Resources Management**

(1) Chaplains and support staff must be provided with access to the Veterans Health Information System and Technology Architecture (VistA) and the Outlook/Exchange Server in order to:

- (a) Input and retrieve accurate patient care data;
- (b) Facilitate timely responses to local and national reports;
- (c) Provide access to the National Chaplain Management Information System (the "Database");
- (d) Participate in continuing education, distance learning, and quality improvement initiatives; and
- (e) Keep abreast of current spiritual and pastoral care standards of accrediting organizations (i.e., JCAHO, COMISS Network Commission for the Accreditation of Pastoral Services (CCAPS), CARF, ACPE, etc.).

(2) The Chief, Chaplain Service, or designee, is responsible for providing the National Chaplain Center with current accurate data necessary to maintain the National Chaplain Database.

(3) Chaplains, their support staff, volunteers, and others will only use veteran or patient information in accordance with VHA Handbook 1605.1, and will only access the minimum amount of information necessary to perform their duties in accordance with VHA Handbook 1605.2.

f. **Religious Literature.** Religious literature may be purchased to benefit the spiritual health of patients.

(1) Various religious denominations offer literature free of charge. The chaplains are responsible for reviewing all donated or purchased religious literature and determining its appropriate distribution.

(2) Upon request, chaplains may provide literature that describes a particular religious or denominational viewpoint to patients or family members.

(3) Material must not be distributed that may interfere with patient care, for example: material that is intended to proselytize, and material that makes offensive or defamatory references to race, gender, or a religious faith group.

22. RESPONSIBILITIES OF THE NATIONAL CHAPLAIN CENTER

a. **Field Support**

(1) The National Chaplain Center empowers VHA Chaplains to achieve standards of excellence in meeting the spiritual health needs of veterans receiving health care by:

(a) Ensuring employment of a diverse and quality chaplain workforce.

(b) Providing education and training to chaplains and other providers.

(c) Maintaining liaison with VA Central Office, the Department of Defense (DOD), VISN and VA medical center Directors, Employee Education Service (EES), endorsing organizations, veterans service organizations, and religious communities.

(d) Supporting local chaplain services by:

1. Developing policies,

2. Providing guidance regarding standards and criteria,

3. Developing management competence,

4. Supporting a database management information system,

5. Networking,

6. Research and marketing, and

7. Professional career development including mentoring and succession programs.

(e) Providing the spiritual dimensions of specialized programs, such as:

1. Conflict resolution and mediation,

2. Wellness,

3. Suicide prevention,

4. Health care ethics, and

5. Patients rights.

(f) Providing consultation to the Patient Care Services Officer related to all spiritual and pastoral needs of patients, families, staff, networks, and facilities.

(g) Supporting field station chaplains, field administrators, and managers. This support is demonstrated by the following functions:

1. Facilitation of communication between VA chaplains for the purpose of sharing ideas and opportunities for ministry that enhance the field of pastoral and spiritual care.
2. Provision of a Board of Excepted Service Examiners to rate and rank all applicants for chaplain vacancies in VHA facilities in a timely fashion.
3. Dissemination of information to chaplains regarding trends and changes within VHA which may affect their ministry.
4. Guidance on programmatic pastoral care issues and resources related to spiritual care for patients, families, and employees.
5. Assignment of an Associate Director of Chaplain Service to work with each of the networks and each facility to coordinate needs and conduct site visits.
6. Consultation with network directors to identify field chaplains from each network to serve on the National Chaplain Center's Field Leadership Council.
7. Provision of training opportunities to enhance the knowledge and clinical skills of chaplains. Training opportunities include both on-site and distance learning models.
8. Guidance regarding documentation of workload and clinical encounters.
9. Maintenance of the National Chaplain Database and National Chaplain web page.
10. Identify, recognize, and promote excellence in chaplains and chaplain programs (i.e. Secretary's Award for Excellence in Chaplaincy, and Best Practices Awards).

(2) The Director, Chaplain Service, or designee, develops and implements policy to:

- (a) Ensure that pastoral and spiritual care is made available to all veterans.
- (b) Plan, develop, and direct a Spiritual and Pastoral Care Program consistent with the overall mission of health care delivery in VHA.
- (c) Ensure the Spiritual and Pastoral Care Program is integrated into VHA's total care and treatment program.
- (d) Organize, analyze, and improve programs that reflect the distinctive and contributory role of spiritual and pastoral care within VA medical centers and VHA.

b. Education and Career Development for Chaplains and Interdisciplinary Health Care Providers

(1) **Orientation for New Chaplains.** The Orientation Course for new chaplains covers the basics all chaplains need to know about VHA regulations and Chaplain Service policies. All

new Chaplains including part time, intermittent, fee basis, and contract chaplains must complete the Orientation Course no later than 1 year from their initial starting date.

(2) **Career Development Classes.** A variety of career development classes are scheduled annually to help chaplains and other professionals learn about the unique role of spiritual care in the treatment of veteran patients suffering with specific health problems (i.e., Post-traumatic Stress Disorder (PTSD), end of life issues and palliative care, substance abuse treatment, JCAHO standards, CCAPS standards, etc.). The National Chaplain Center provides training for newly-appointed Chiefs of Chaplain Service or the health care professional(s) responsible for supervision of the Spiritual and Pastoral Care Program, and training in Alternative Dispute Resolution (ADR).

(3) **Spiritual Health Education**

(a) The National Chaplain Center provides a program of spiritual health education for Chaplains and interdisciplinary health care providers. Educational programs are designed to meet the needs of all VHA employees and to promote spiritual health awareness throughout the veterans' community. Participants become more aware of the role of spirituality and faith issues in health care. VHA professionals learn about JCAHO, CCAPS, and CARF Standards for Spiritual Care and the role of the Chaplain on the interdisciplinary health care teams.

(b) The goal of the Spiritual Health Education Program is to provide a comprehensive program of spiritual health education including:

1. Information regarding health care research in spirituality and religion,
2. Spiritual care standards,
3. Ethical decision making in health care,
4. Mediation and conflict resolution, and
5. Accrediting organization standards.

(4) **Clinical Pastoral Education (CPE)**

(a) CPE is interfaith professional education for ministry. CPE is the specialized clinical training required by the Association for Professional Chaplains, the National Association of Catholic Chaplains, and the National Association of Jewish Chaplains for clergy and chaplains to become Board Certified Chaplains. CPE programs are established in the VHA, according to the guidelines of the Associated Health Professions Handbook, Academic Affiliation (M-8, Part II, Chapter 2), and the annual program announcements for trainee support in associated health professions.

(b) CPE residents who have completed a 1-year (2080 hours) CPE Program in a VA health care facility and who meet all other VA qualification requirements for chaplain are eligible for appointment without numerical rating and ranking under the authority provided by 38 U.S.C. 7403(g) and 5 CFR 213.3102 (a), for 1 year following completion of their residency.

(5) **Pastoral Counseling Education.** Educational programs for Pastoral Counseling are to be accredited through the American Association of Pastoral Counselors and/or the American Association for Marriage and Family Therapy. Pastoral counseling education programs are to be kept current with the accreditation standards for the respective professional training organizations.

c. **Recruitment and Examining**

(1) The Board of Excepted Service Examiners (BESE) at the National Chaplain Center, has sole responsibility for examining and certifying applicants for permanent employment as VA chaplains, in accordance with applicable Human Resources policies (see VA Handbook 5005, Part II, Chapter 2).

(a) All selections for permanent appointment as a VA chaplain are made from certificates issued by the BESE. This includes selection of VA employees holding permanent competitive or excepted service positions in other occupations; selection of chaplains of other Federal agencies or departments; and reappointment of former VA and/or Federal chaplains.

(b) The Director, Chaplain Service, is the issuing official for BESE certificates.

(2) Based on anticipated staffing needs and administrative efficiency, BESE may elect to issue open-continuous announcements for chaplain positions of various grades and/or faith groups.

(3) In accordance with Federal regulations and VA policies the Director, Chaplain Service, approves requests for:

(a) Selective or quality rating factors for examining applicants, and

(b) Passing over or objecting to applicants on certificates.

(4) The Director, Chaplain Service establishes an affirmative action plan and conducts recruitment efforts to develop diverse applicant pools and to monitor and increase where necessary the representation of underrepresented groups in VA Chaplaincy.

(5) Time-limited appointments of chaplains may be made by the facility Director without BESE announcement and evaluation of the applicants.

(a) Time-limited appointments must only be made to accomplish work that is for a project or is of a time-limited nature. The principles of veterans preference must be followed to the extent administratively feasible.

(b) Persons selected for time-limited appointments must meet all qualification requirements prior to entering on duty. A copy of the selected individuals' current ecclesiastical endorsement must be provided to the National Chaplain Center prior to their entrance on duty.

(6) Individuals who have completed a 1-year (2080 hours) CPE Program in a VA health care facility and who meet all other VA qualification requirements for chaplain are eligible for appointment without numerical rating and ranking under the authority provided by 38 U.S.C. 7403(g) and 5 CFR 213.3102 (a).

***NOTE:** The BESE is responsible for accepting applications from students, verification of the student's qualifications, and the referral of qualified candidates to VA health care facilities.*

d. Liaison With Religious, Professional, and Veterans Service Organizations (VSOs)

(1) The National Chaplain Center maintains contacts with ecclesiastical endorsers, professional certifying organizations, and VSOs. The National Chaplain Center and chaplains throughout VHA need to foster positive relationships with all VSOs, coordinating VA chaplain activities with VSOs as appropriate.

(2) The non-VA organizations with which the National Chaplain Center networks include, but are not limited to the following:

- (a) Endorser's Conference for Veterans Affairs Chaplaincy (ECVAC),
- (b) Military Chaplains Association (MCA),
- (c) Armed Forces Chaplains Board (AFCB),
- (d) Association of Professional Chaplains (APC),
- (e) Association for Clinical Pastoral Education (ACPE), and
- (f) American Association of Pastoral Counselors (AAPC).

(3) The National Chaplain Center also maintains liaison with professional groups of chaplains formed solely of VA chaplains, such as, but not limited to the:

- (a) National Association of VA Chaplains,
- (b) VA National Black Chaplains Association, and
- (c) National Conference of VA Catholic Chaplains.

e. **Research.** Field facilities are encouraged to include Spiritual and Pastoral Care as topics for research. Chaplains may serve on facility Research Committees.